

Commercial/Industrial/Multi unit/ Dual occupancy Application

Application to carry out plumbing work for sewerage, drinking water and recycled water

Please allow a minimum of 14 working days for your application to be assessed. All relevant information must be supplied for your application to be assessed. Note: additional fees may apply following assessment.

City West Water Ltd

Address Locked Bag 350, Sunshine 3020
Email complexplumbing@citywestwater.com.au
Internet: www.citywestwater.com.au

Phone 9313 8379
Fax 9313 1030

(Office Use Only)

Invoice No: _____
Actioned by: _____

Property Service No: (Office Use Only)

Date received: (Office Use Only)

Property Details

Please give as much information as possible to assist us in quickly processing your application.

Lot#: _____ Street No: _____ Street Name: _____

Suburb: _____

Postcode: _____

Nearest Cross Street: _____ Distance (Mtrs): _____

Plan of Subdivision number: _____ Melways Ref: _____

Is the property proceeding to subdivision? Yes No Full subdivision Owners Corporation
If Yes, please provide a formal plan of the subdivision.

Plumbing Work

IMPORTANT: Please provide a full set of building plans. If applying for an irrigation tapping please provide a site plan indicating preferred location.

Property type: Residential multi unit Commercial/industrial Dual occupancy

Sewer	Water	Flow rate reqd	No
<input type="radio"/> New connection/redevelopment	<input type="radio"/> Main/service size required _____ mm	L/s	<input type="radio"/>
<input type="radio"/> Alteration/addition	<input type="radio"/> Check water meter size required _____ mm	L/s	<input type="radio"/>
<input type="radio"/> Discharge of Trade Waste (separate application required)	<input type="radio"/> Fire hydrant/hose reel _____ mm	L/s	<input type="radio"/>
<input type="radio"/> Blackwater/Greywater Treatment	<input type="radio"/> Details of existing services _____ mm	L/s	<input type="radio"/>
<input type="radio"/> Stormwater Recycling	<input type="radio"/> Services to be removed (if applicable) _____		<input type="radio"/>
	<input type="radio"/> Recycled water (where available) _____		

Attention builders and owner builders. (Recycled water areas only)

As you are intending to construct in an area that has reticulated recycled water please provide the details of the plumber who will be undertaking the installation of the drinking and recycled water to your property. City West Water along with the Plumbing Industry Commission has developed both a training program and information pack for those plumbers who will be installing and testing the recycled water installation. This information is **ESSENTIAL** to ensure that your recycled water connection poses no safety risk.

Plumber's Name: _____ Licence number: _____ Phone Number: _____

Description of Works

Please describe actual works being undertaken:

Please advise additional property location information if required

Applicant Details

Preferred method of correspondence:

email

mail

fax

Name:

Address:

Postcode:

Phone:

Mobile:

Email:

Fax:

Signed:

Date:

By signing this form you are taking responsibility to ensure all City West Water requirements are met.

Important Privacy Notice

City West Water Limited ABN 70 066 902 467 is a State Owned Company which provides retail water, sewerage and trade waste services to Melbourne's central business district, inner and western suburbs.

By completing this form you are providing personal information to City West Water for the primary purpose of City West Water providing you with a water or sewerage supply. To read City West Water's complete privacy statement, please visit www.citywestwater.com.au

Checklist

I have attached/completed the following so as to ensure no delays in processing my application:

- Full set of Building Plans
- Signature(s)
- Required water meter sizes (if applicable)
- Credit card/cheque payment details
- Plumber details including Licence Number

For payment details see page 3.

Payment

Application fee (Plumbing work and assessment of contribution fees)

\$399.70

Title: Mr Mrs Ms Miss Other

Cardholder's Name:

Card Type: Visa Mastercard

Card Number:

Expiry date: /

Date: / /

Signed:

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City West Water Limited
ABN 70 066 902 467
247-251 St Albans Road
Locked Bag 350
Sunshine Victoria 3020 Australia

Account and general enquiries: 131 691
Faults and emergencies: 13WATER (1392837)
Interpreter service: 131 450
Internet: www.citywestwater.com.au
Email: connections@citywestwater.com.au